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Original Communications.

MELANO-SARCOMA OF CHOROID. SIMULATING GLAUCOMA. IRIDECTOMY. SUBSEQUENT ENUCLEATION. DEATH, EIGHTEEN MONTHS LATER, CAUSED BY METASTASIS TO LIVER.

Reported to the Boston Society for Medical Improvement, by HASKET DERRY, M.D., and J. COLLINS WARREN, M.D.

Mr. B., aged 48, consulted Dr. Derby June 4th, 1869. The previous January his attention had been called to his right eye by failure of sight, and by a "drawing feeling" in it. Six weeks later, redness was perceptible, and pain occurred, at first irregularly, but afterwards became continuous. For the past four weeks he had made regular instillations of a solution of atropine, and used shaded glasses.

On examination of the right eye there was found much ciliary redness, abnormal dilatation of the pupil, decidedly increased tension of globe ($+$ T_2) and only quantitative perception of light. Whether owing to opacity of the media, or not, no reflex from the fundus could be obtained.

The left eye was normal in every respect. A glaucomatous affection of the right eye being apparently indicated by the symptoms present, the operation of iridectomy was advised, and, on the 9th, performed. The intraocular pressure was found unexpectedly great; the wound gaping, after the removal of the iris, and a transparent mass, looking like the edge of the lens, making its appearance between its lips. A tight compressive bandage was applied. On the 12th, patient reported little or no pain since operation. A staphylomatous condition of the parts about the edge of the wound was noticed. The 15th found the wound still open, and a bloody discharge issuing from it; there was much blood in the anterior chamber, and the lens was rapidly becoming opaque. There being now no doubt of the existence of an intraocular tumor, enucleation of the globe was advised, and, on the 17th, performed.

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On making a section of the globe, there was found, over the optic entrance and covered by the retina and choroid, a small tumor the size of a bullet. The orbit was explored and found free.

This tumor was sent for examination to the late Dr. F. C. Ropes, who made the following report:

"I have examined the tumor at some length, and cannot make anything but melanotic cancer out of it. It bears all the gross appearances of malignant disease, and appears to consist of a moderately firm mass, attached to the place of entrance of the nerve; and, proceeding from this, of a soft, roundish mass, both of a black color.

"Anteriorly, where the lens should be, I found something looking like fat. Under the microscope I found some capillary vessels, a lot of what seemed to be altered blood corpuscles, and any quantity of very minute globules of fat. The dark mass (examined at several points) consisted of all sorts of cells, round, caudate, irregular, &c., some containing many large nuclei. But it was very difficult to examine the thing, because the cells, when separate, were extremely transparent, and, when together, formed an impenetrable mass. Besides, *everything* was loaded with the small globules of fat referred to above, greatly obscuring view. The choroid seemed free over the tumor, and I should judge that the disease sprang from the nerve, especially as in many places I found what appeared to be nerve corpuscles.

"I must confess that I feel some uncertainty about the specimen, but am disposed to think that it is malignant, and will return."

Mr. B. consulted Dr. Derby again July 9th, when he appeared to be in perfect health.

As will appear from the following letter, written by Dr. Kimball, of Reading, the patient died Dec. 19th, 1870.

"It appears that he was in fair health up to about six weeks before his death, at which time he was attacked with what was supposed to be acute hepatitis and splenitis, but for some time previous his wife had

[WHOLE No. 2249]

noticed that he was not in his usual good spirits, and frequently asked him if he felt ill.

On Sunday, the 19th inst. (Dec., 1870), at 4, P.M., I was called in haste to see Mr. B., and, upon arriving, I found him very much prostrated, skin cool and of a deep yellow color, face anxious and pinched, great dyspnea, pulse 90 very feeble, very restless, with muttering delirium, in which condition I was informed he had been for about an hour."

(Dr. Kimball, it is proper to say here, had not been his regular medical attendant, and was only called in at this juncture.)

"Upon examination, his abdomen appeared very full and quite hard; there was dullness on percussion from the fifth rib to the umbilicus on the right side, which extended half across the left epigastric region. He seemed to rally under stimulants for a few minutes, but gradually failed, and died at 11, P.M.

From the symptoms and history of the case, I gave it as my opinion that the disease was cancer of the liver.

Autopsy 12 hours after death. Body of subject of good size, and well built. Surface very yellow. Upon opening the abdominal cavity, the liver first claimed our attention by its enormous size and unusual appearance. It extended from about the sixth rib to the umbilicus, and from the right side to near the left. We found that it weighed eleven pounds. It was quite solid to the touch; the left lobe and about half the right were of a deep yellow color, except that it was covered with black spots.

The spleen was quite normal, also the pancreas. The mesenteric glands were somewhat enlarged, and the adipose tissues—in nodules—very yellow.

The ascending colon exhibited spots looking like ecchymoses; the walls under these spots were very much thinner than elsewhere. The transverse and descending colon were less than a sixth their natural capacity, and their walls thickened. The other viscera in this cavity appeared healthy. Finding enough disease here to account for death, we explored no further."

To Dr. Kimball is due the presentation of the entire liver in a fresh state. It was shown to the Society by Dr. J. B. S. Jackson, and demonstrated microscopically by Dr. J. C. Warren, whose report follows.

The liver was very much increased in volume. The whole of the tissue of the left lobe and a portion of the right was apparently replaced by yellowish white nodulated masses of somewhat vary-

ing tint, which were raised at some points several lines above the surface of the organ. This mass was dotted over with a few melanotic nodules, varying in size from a nut to a pea. In the lower part of the right lobe there existed a large melanotic mass, nearly the size of two fists. A few other smaller nodules were scattered about in the upper portion. The small amount of healthy tissue left was situated chiefly in this lobe. In the upper part of this lobe, in the midst of apparently healthy tissue, there were found bright orange-colored masses of varying shape and size, with sharply-cut scalloped edges, which were more clearly brought out by a delicate red border about a line in thickness. This latter belonged to the adjoining liver tissue. In the neighborhood were seen numerous small extravasations.

The masses were friable and could easily be separated from the neighboring parts, leaving a clear, smooth, cup-shaped surface behind them. The masses varied in size from a pin head to an inch or two in diameter. The cut surfaces of the organ, exposed by a free incision, owing to the variety of pathological changes, presented a variegated and striking appearance.

The portal vessels of small, medium, and in some cases of large size, were filled with fresh clots. The hepatic vessels, on the other hand, were empty. Careful and repeated examination of these clots in the fresh state showed them to contain pigment masses and cells; as a subsequent examination, however, of one or two hardened clots in section did not show the presence of these cells, it is possible that their presence was due to want of sufficient care in preventing a contact of the clots with free cells from the neighboring parts. The close apposition of large masses of pigment cells with the walls of the vessels at some points, taken in connection with the above observation, suggested the idea of a perforation of the wall of a vessel at some point, though this could nowhere be detected.

In sections taken from the more healthy tissue some distance removed from the morbid deposits, where the relation between capillaries and liver cells was still normal, a number of cells were seen, resembling abnormally large white blood corpuscles, having a small nucleus and delicate granular protoplasm. Others of same structure, but larger and containing frequently two nuclei, were also found; these latter were generally oval or egg-shaped. No pigment was found in any of these cells.

The cells from the metastatic deposits ex-

aminated fresh were mostly of large size, and spindle or flask-shaped, containing a large, clear, oval nucleus with well-marked nucleolus. The melanotic cells contained a coarse granular pigment, which entirely filled the body of the cell. No large pigment masses were found in the cells resembling those described by Knapp as altered red blood corpuscles. The unpigmented cells were crowded with fat granules of varying size, and the cells of both kinds broke upon the slightest violence, so that the nuclei were lying free in the field, and it was somewhat difficult indeed to obtain a perfect specimen of a cell.

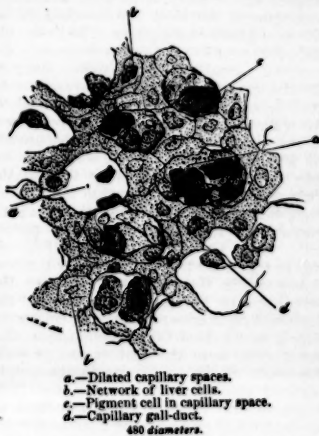
An examination in the fresh state of the yellowish masses above alluded to showed them to be made up of an amorphous debris mixed with fat granules, large numbers of blood corpuscles, and occasionally liver cells and cells of new growth. The red border was due to extravasated blood. Thin sections taken from the neighborhood of these masses in the fresh state and after hardening in chromic acid showed their formation to be due to extravasation of blood from the portal capillaries. This was found to occur in a zone somewhat removed from the vessel and encircling it nearly or entirely, and was well shown where cross sections of the vessel were obtained. The various steps of the process, viz., the crowding of the capillaries with blood corpuscles, their dilatation and rupture, and the consequent breaking down of the liver parenchyma and the formation of a mass of degenerated tissue, could be satisfactorily made out. In the immediate neighborhood of the larger masses these semi-circular or serpentine masses ran together, enclosing a fragment of liver tissue. These peculiar appearances seemed, therefore, to be due to a sort of necrosis or breaking down of the liver tissue, owing to an arrest of the circulation in these parts, and their shape was caused by the anatomical arrangement of the vessels.

The bright orange color was probably caused by the presence of biliary coloring matter. A change similar to this was seen in the midst of the metastatic deposit of the left lobe.

A number of dilated capillary gall ducts were found at different points, generally several in a cluster, containing casts of light green homogeneous matter.

Sections taken from the melanotic mass after hardening in chromic acid and alcohol showed it to be made up of cells of varying shape, size and arrangement. Their disposition in clusters, the presence of more than

one nucleus, and the varying size, indicated an active cell proliferation. This could be best studied at the border, for the line of demarcation was not as abrupt as appeared to the naked eye, and the morbid growth invaded the neighboring liver tissue for some distance around. The earliest changes that could be detected at these points were an accumulation of cells of new formation in the spaces between the liver cells, i. e. the spaces occupied in the normal liver by the capillary bloodvessels and lymphatics. At the most peripheral points, these cells were present in numbers sufficient nearly to fill these spaces; a few of them only contained pigment granules. They resembled mostly those found in the capillaries, and described above. The nearer the mass is approached, the more numerous do these cells become. The spaces are consequently dilated and the liver cells correspondingly compressed. (See wood-cut.) The bands



of liver cells become narrower as the new cells increase in number until their structure is no longer to be recognized, and we find in their place a network of fibres, in the meshes of which lie the proliferating cells. These latter have here increased in size and number, and many contain pigment granules. In the centre of the mass this fibre network is lost sight of, and the cells appear to have no definite order. The mass was seamed at points with dense bundles of parallel fibres, between which were packed rows of large, fully developed pigment cells. These cicatricial bands radiated at times

from a central point, and presented an appearance somewhat similar, but not so well marked, as that described by Virchow as distinguishing this form of sarcoma from melanotic cancer. — (Geschwülte, vol. 2, p. 286.)

There was no marked difference in the general shape and arrangement of the cells in the unpigmented deposits. A few pigment cells were found here, sometimes single and sometimes in clusters. The fatty degeneration of the cells was everywhere apparent. That portion of the liver which was free from metastatic deposit had undergone extensive fatty metamorphosis.

The presence of melanotic and white deposits in an organ following primary melanotic disease, is not to be considered very remarkable when we know that unpigmented as well as pigmented cells occur in the original growth.

It was not possible to conclude, with any degree of certainty, from what anatomical structure of the liver the development of the new growth took place. The liver cells did not appear to take any active part in the process. Rindfleisch* considers that the development of the cells takes place in the capillaries, and, moreover, that the cells of the walls of the vessels are the producers of the cancer cells. The capillaries are filled with the growing cells, which project into the liver veins, causing thrombosis. This seems to have occurred in the present case, though whether there was an actual invasion of the larger vessels by cancer cells, must be considered doubtful. It was not possible to decide whether the new cells grew in the capillary vessels or the lymph spaces, though the fact that in the unaltered capillaries proliferating cells were found, would speak for the supposition that the vessels were the seat of the growth. The walls of the capillaries in the neighborhood were unaltered; when the cells began to form in masses, the structure of the wall could no longer be made out.

A NEW AND PRACTICAL METHOD OF DISINFECTION.

By EDWARD H. HOSKIN, Grad. R.C.S.L., L.S.A.,
M.P.S.L., Boston.

I WISH, through the columns of your JOURNAL, to call the attention of the profession to a new and simple apparatus designed by myself, the object of which is to vaporize certain chemical substances, and thus thoroughly to disinfect the air, walls, ceiling,

and, in short, the entire contents of any apartment, however large.

The instrument by the aid of which this is to be accomplished may be briefly described as consisting of a bottle, wick, and—attached to the free end of the wick—a bulb of spongy platinum. Into the bottle should be poured an alcoholic solution of the substance which it is desired to vaporize (for instance, carbolic acid); the wick is then to be lighted, and the flame extinguished as soon as the ball becomes red hot, which requires but two or three minutes. The ball is now fed continuously by the wick, and will continue red hot as long as any fluid remains in the bottle, and, in this condition, it will readily vaporize the substance in solution, minute particles of which are thus scattered throughout the atmosphere.

The following may be enumerated as a few of the cases in which it is thought this instrument will be found useful.

Firstly. In zymotic diseases, for disinfecting the persons of patients as well as those of the nurses and other attendants, also the furniture, walls, ceiling and air, this method offers many advantages over any other hitherto suggested. In scarlatina, smallpox, &c., there are strong grounds for the belief that the poisonous germs of the malady, emanating from the body of the patient and exhaled with every breath, fill the air of the sick chamber, adhering to all objects within the room, and that each of these germs, unless in some way neutralized or destroyed, may become the focus of future infection. It is true that these germs are so minute that their presence has not yet been detected with certainty, even with the aid of the microscope, still we have very strong circumstantial evidence of their existence. Furthermore, experiments have demonstrated that if liquids or solids containing these germs are brought in contact with certain chemical substances, such as carbolic acid, sulphurous acid, &c., even in the smallest appreciable quantity, they are, by some process not yet satisfactorily explained, rendered completely innocuous. In scarlatina, in particular, the results of this theory have been repeatedly shown, and the inevitable deductions are such as must carry with them great weight, so that, at present, when one member of a family is attacked with this contagious malady, so great is the confidence felt in these prophylactic measures by those who have given them a trial, that it is no longer considered necessary to remove those of the family who have not previously contracted the disease.

But while the body of the patient may be

* Rindfleisch Lehrbuch der Pathologischen Gewebe-
1. 2d edition.

disinfected by simple outward applications, it has long been felt that some ready process was needed for attacking more effectually those germs which float in the air or adhere to the walls and ceiling. For this purpose this little instrument will be found particularly efficient.

2dly. In the recent recommendations of the Commissioners on the contagious diseases among cattle of this State, the importance of thoroughly disinfecting barns and sheds is urged in order to arrest a prevailing epizootic, but it will be observed that no method is suggested for effectually carrying out such a process. I am confident that the result here desired could be most readily obtained by placing in these buildings, for twenty-four hours, two or three of the instruments here described. Other objects to which this apparatus may be applied will continually suggest themselves; as for instance, for neutralizing the offensive odor of dissecting rooms, surgical wards, for purifying the holds of emigrant ships, for disinfecting cars and carriages in which persons suffering from contagious maladies have been conveyed, or even horse or steam railroad cars to which any suspicion of such conveyance may be attached, or which need to be purified from other causes. By introducing into the bottle a solution of iodine, cannabis indica, or the like, this instrument may be substituted for the various atomizers now in use, for administering these various drugs by inhalation.

I have ventured to give the name "Eudi-pile" to this instrument, and although its construction was suggested by the old and well-known scientific toy employed in Eudiometry, it differs from the latter in several essential particulars.

Of course, the bottles to contain the disinfecting liquid may be made of different capacities, to correspond with the size of the apartment to be disinfected.

It has been estimated that a bottle holding two ounces will throw out a constant stream of vapor for about sixteen hours, at an expense not exceeding twenty cents.

PHARMACEUTICAL LEGISLATION ON THE SALE OF POISONS.

By C. W. STEVENS, A.B., M.D., Charlestown.

IN view of the great number of cases of poisoning occurring every year, I was recently led to examine the General Statutes of Massachusetts, and, to my surprise, found the following statute:—

"CHAP. 166. SECT. 7. If an apothecary or other persons sells any arsenic, strychnine, corrosive sublimate or prussic acid, without the written prescription of a physician, he shall keep a record of the date of such sale, the article, the amount thereof sold, and the person or persons to whom delivered; and for each neglect he shall forfeit a sum not exceeding fifty dollars. Whoever purchases deadly poisons as aforesaid, and gives a false or fictitious name to the apothecary or other person, shall be punished by a fine not exceeding fifty dollars."

That is all there is in regard to the sale of poisons—no forbidding of the sale of poisons, no requirement of a special label. The only mention of the subject is in regard to four poisons, and the only condition of sale is that the same be recorded.

If we now turn to the statutes of New York, we find there is one step farther taken in the right direction. The Statutes forbid the sale of poisons, except from a prescription, unless the package contain, 1st, the name of the apothecary; 2d, his residence; 3d, the word poison; and, 4th, that the sale be registered.

An act to regulate the sale of poisons (1860) prescribes, 1st, that "No person shall sell or give any poison or poisonous substance without recording in a book to be kept for that purpose the name of the person receiving said poison, his or her residence, excepting upon the written order or prescription of some regularly authorized practising physician, whose name shall be attached to such order."

2d. "It is farther enacted that no person shall sell, give or dispose of any poison or poisonous substance, except upon the order or prescription of a regularly authorized practising physician, without attaching to the vial, box or parcel containing such poisonous substance, a label with the name and residence of such person and the word poison, all printed upon it with red ink, together with the name of such person written or printed thereon in plain and legible characters."

"Any person infringing any of the provisions of said act shall, upon conviction, be deemed guilty of a misdemeanor, and shall be punished by a fine not exceeding fifty dollars."

On examining the pharmacy act of England, there is still another step taken. The purchaser must be known to the apothecary, and the label of the package must contain, 1st, the name of the apothecary; 2d, his residence; 3d, the word poison; and, 4th, the name of the article. The articles

included under the "Poison Act" are definitely given, and are furnished to every dispenser of medicines.

By turning to Germany, we find its laws peremptorily forbid the sale of poisons, unless from prescription, with the exception of vermin-killers and drugs used in the arts or trades. But these very vermin killers are the cause of a vast deal of mischief, as our toxicological annals show.

The following extracts are from a prospectus for a new pharmaceutical statute* in Baden, on the sale and delivery of medicine:—

"ART. 60. Every patient is the possessor of the prescription written for him, and, when paid for, can demand it back, except it contain poisonous substances.

"ART. 61. Drugs which produce emesis, or can be used as poisons, drastics, and such as in small doses act violently on the human system, shall never be delivered without a prescription signed by a regular physician.

"ART. 62. Poisonous or drastic substances, used merely for the destruction of noxious animals, or for the purposes of the arts or trades, shall be delivered only to those persons well known to the apothecary as acting in good faith, and to those having a prescription signed by a regular physician. The following conditions shall be affixed to the sale:—1st. That the purchaser give a receipt, signed by himself, stating the use, quantity and quality of the poison, as well as the day and hour of the purchase. 2d. That the drug shall be labelled poison. 3d. That such drugs shall be delivered to no child, servant, or drunken person.

"ART. 64. The drugs mentioned in Art. 61 shall be registered in a book kept for that purpose, with the name of the poison, with the directions, and the name and address of purchaser."

I think we shall find that France, in a few words, makes the right statute, which will answer every requirement:—

"The sale of poisonous substances can be made only by apothecaries and on the prescription of a regular physician. This prescription must be signed, dated, and indicate the dose and mode of administration. The druggist shall copy said prescription on a record book kept for that purpose. Before delivering the poisonous substance, the druggist shall affix a label bearing his name and address, with directions for the use of said substance."

* Entwurf eines neuen Medicinalordnng.

I have thought it might be useful to collate the statutes of some different countries on this subject, considering its great importance. The lives of our fellow-beings are frequently sacrificed by carelessness in writing prescriptions, by the blunders of apothecaries, and by the mistakes of nurses; but they might be avoided by greater care and education. Let us at least urge the adoption of laws which may avert one source of suicide and homicide. Many if not all of our druggists sell poisons, such as laudanum, oxalic acid and arsenic, without hesitation and frequently without question; as a proof of which I will briefly relate a few cases happening within my own observation. In all the following cases the drugs were purchased from apothecaries without a prescription.

CASE I.—A young woman procured from an apothecary's clerk an ounce and a half of laudanum, which she drank. She was saved by an emetic.

CASE II.—Mrs. — obtained an ounce of laudanum, which she drank, and was saved by an emetic.

CASE III.—Mr. G. obtained some oxalic acid in powder, which he purposely drank in solution, and died in half an hour.

CASE IV.—Mrs. — obtained some oxalic acid for domestic purposes. One day, desiring to take some Epsom salts, she mistook the acid for it, and died within an hour after taking the poison.

CASE V.—Mr. R. procured several times from the same apothecary arsenic, with which he poisoned a man and his wife.

CASE VI.—Mrs. — bought half an ounce of arsenic, of which she took the greater part for suicidal purposes. She was saved by emetics and antidotes.

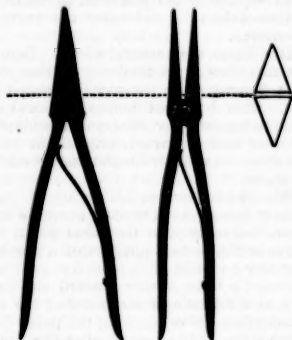
CASE VII.—A young man called for four grains of opium in two powders, of which he gave one to a child. The child died.

CASE VIII.—Mr. S. obtained two grains of morphine, which he took suicidally, and died.

In these eight cases are six deaths. If to these eight cases I should add all the cases which have occurred in the practice of all the physicians of Massachusetts, the number would undoubtedly be very great. I consider a stringent law, prohibiting the free sale of poisons, of more importance than one that every apothecary shall have a diploma, for apothecaries with diplomas do not hesitate to sell poisons without a prescription. I call on the profession at large to state their views on this matter, and relate their experience of this lawless manner of dispensing death.

MASSACHUSETTS GENERAL HOSPITAL
SINUS DILATOR.

The annexed figures, two inches and a half in length, represent, in quarter size, a dilator used by Dr. Bigelow in opening deep fistulous tracks; leading, for example, to necrosis of the femur.



Dilator, one quarter size, with section of blades, actual size.

This instrument is also of especial utility in the discovery and extraction of bullets. By approximating the handles, the blades are opened, and the sinus is at once dilated so as to admit the finger and polypus forceps freely. The edges of the blades being rounded, stretch and tear instead of cutting, and the risk of hæmorrhage from deep arterial twigs is less than when divided by a knife. For the above-named purpose it also supersedes the use of tents; the patient being, of course, etherized or otherwise insensible.

H. H. A. BEACH.

Selected Papers.

CASE OF SUPPOSED UTERO-TUBAL PREGNANCY.

By I. P. WIDNEY, M.D., Los Angeles, Cal.

Mrs. —, primipara, aged twenty-eight. Had gone to full term with comparatively little trouble, the only peculiar feature complaint of constant dull pain in right side of abdomen, apparently external to line of uterus; labor of about twenty-four hours' duration; pains frequent and severe, for the last few hours almost incessant, but

with little expulsive force; os uteri during early part of labor very rigid, but yielding gradually under nauseant effect of ipecac; local application of unguentum belladonnæ, and dilatation with finger. Head presented, occiput toward left acetabulum; child of medium size, well formed, and born alive; the pains to the last, however, markedly deficient in expulsive power, the contractions, though very severe, seeming irregular in character, but as the presentation was normal, the pelvis of fair size, no obstacles appearing, and the progress steady, though slow, there was no need of instrumental interference.

After delivery, the uterus remained unusually large and irregular, as felt through the walls of the abdomen; all pain ceased immediately upon the birth of the child. No contraction returning, and the uterus still retaining its unusual volume, after a delay of fifteen minutes I gave a dose of ergot; this was repeated several times; cold-water applications, made with napkins over abdomen, and titillation of os uteri employed. By the end of an hour and a half, not the slightest contraction returning, I became satisfied that there was some abnormal condition interfering, and that further delay was useless. Informing the patient of the necessity of the proceeding I proceeded to extract the placenta; upon inserting the hand I found the cavity of the womb quite large, but empty. Following the course of the cord well up the right side, about the point where the Fallopian tube should be, the membrane and a portion of the placenta were projecting into the cavity of the uterus, through a circular opening about two inches in diameter; passing the finger in through the opening I found it a tube, with regular, even walls, maintaining the diameter of the orifice, as it led off directly toward the right side. The placenta could be felt, still partly attached, and the roughened surface from which it had been partly separated during the pains of labor. The adherent portion was detached with comparatively little difficulty by the finger, and the whole mass came away entire, the womb contracting more completely, and leaving the patient comfortable.

I was apprehensive that the irritation necessarily resulting from the unnatural attachment of the placenta might result in an attack of peritonitis. The patient remained free from any bad symptom for some twenty hours, when the characteristic pain set in, with tenderness directly over the enlarged Fallopian tube. Inflammation

gradually extended over the abdomen, with excessive tympanites, and death ensued upon the sixth day. After the second day Dr. Griffin, to whom I am under great obligation in the case, attended with me. No post-mortem examination was permitted.

The case, I believe, in some respects, is different from any upon record, for while the placenta was attached from the uterine orifice of the Fallopian tube back along the course of the tube, the stretching of the membrane had allowed the child gradually to emerge into the cavity of the uterus, and there become developed as in ordinary pregnancy, thus being unlike tubal pregnancy.

It appears to be one of the cases spoken of by Cazeaux as a possibility, under the name of utero-tubal pregnancy. In support of this view, I will call the reader's attention to a few considerations. My first thought on introducing the hand, was of hour-glass contraction. I had had a case of that kind—the first I ever met with—only about a month before. Every feature, however, of the present case satisfied me that it was different from the former.

1st. The cavity of the uterus, instead of being diminished in size, as where a portion is cut off by the hour-glass contraction, was unusually large and relaxed, and the walls soft and yielding, and entirely free from any spasmodic rigidity. The unusual size impressed me at the time.

2d. The abnormal cavity, instead of involving the fundus, was partly, probably one-fourth, of the distance down the right wall.

3d. Instead of the walls of the uterus being drawn and contracted, the uterine cavity narrowing, adjacent to the opening, the surface was perfectly smooth and regular, the orifice seeming more like a circular opening cut in the side of a large vessel—nothing revealing its existence until the finger encountered the edge.

4th. The cavity of the tube did not increase in size after passing the orifice, but continued with the regularity of calibre that marks a section of pipe or hose; neither was there any rigidity of the edge around the orifice—it was soft and yielding as a portion of the uterine wall.

5th. The direction of the tube was off toward the right side, inclining slightly downward; this continued to the length of the index finger, employed in detaching the placenta.

6th. The placenta was in no way contracted or retained by the form of the cavity, but perfectly loose and unhampered; the

moment it was detached it came away readily. Also, it was not attached to the extremity of the tube, nor to its entire wall, but to its lower and posterior surface; the cord, instead of facing toward the uterine cavity, facing directly forward, and turning at a right angle, parallel to the membranous surface of the placenta, to follow the course of the tube and enter the cavity of the uterus.

7th. Upon the removal of the placenta, the tube showed no tendency to change its form, but remained the same in shape and size. This I noticed before the hand was withdrawn, and by external examination for some time afterward, very slight pressure upon the walls of the abdomen revealing its shape.

8th. The tenderness felt during pregnancy over this spot. The same soreness after labor, still referred to the same point, and not over the normal position of a properly contracted uterus. The pain, too, gradually extended a little farther toward the right side, as if following the channel of the Fallopian tube, before reaching the point from which it seemed to spread over the cavity of the abdomen.—*Pacific Med. and Surgical Journal.*

SPEEDY AND SPONTANEOUS RECOVERY FROM RUPTURE OF RECTUM AND BLADDER.

By O. C. GIBBS, M.D., Frewsburg, N. Y.

In the summer of 1869, I was called to see Mr. L—, a Swede, aged about 55 years. Being called about bedtime, and the patient living about eight miles away, and the intervening road being quite bad, I did not visit him till next morning. I found the patient in bed in a log hut, with but one room, and he all alone. The floor was literally covered with blood, and the bed saturated with the same fluid.

On attempting conversation, I found my patient could not speak, or even understand, a word of English. An interpreter came to my aid in a few moments. I ascertained that, on the afternoon before, while pitching hay off a wagon, and that the last of the load, and pitching up to a considerable height, his foot slipped and he fell backwards on to a sharpened stake of the rack. The stake entered the anus so centrally as to show very little signs of injury, but passing up, must, from the nature of things, have severely lacerated the rectum and bladder. Falling still farther, the stake was broken off, and subsequently withdrawn by his co-workman.

Hæmorrhage had nearly ceased, yet I considered it prudent to give him a cold water injection; and, as he had whiskey in the house, I ordered a free dose. Smelling a very strong odor of urine about the house, I inquired if he had passed his urine involuntarily, and learned that, since the injury, he had passed no water by the urethra, but entirely by the anus. No examination per rectum having been made up to this time, I did not know the bladder was injured. As soon as the patient rallied a little, I had him lifted on to his feet, and, while supported, ordered him to attempt to make water while standing. He made the attempt, and a stream of urine spirted from the anus.

On laying him down I made repeated attempts to pass a catheter, but his shrieks and contortions from pain compelled me each time to abandon the attempt, and his Swede friends were so alarmed that they insisted upon my abandoning the attempt. Having no chloroform with me, I felt compelled to do so.

The broken stake was shown me; it was of ash, $1\frac{1}{2}$ inches in diameter, and full a foot in length.

Seeing but little I could do for him under the circumstances, I ordered the bed to be changed and floor cleansed; also, cloths put under the hips to catch the urine, which cloths could be removed at pleasure and others substituted, and by no means to let the bed get saturated with urine. I also ordered small doses of opium to be administered every six hours, and an ounce of whiskey every six hours, and such reasonable nourishment as he might desire, and left the case for that day.

Circumstances were such that I could not see him on the succeeding day, but on the second I saw him and found him comfortable, without any very great vascular excitement. He still passed his urine from the anus. He positively refused to have another attempt made to pass the catheter. My design was to pass a gum-elastic catheter, and leave it there, through which the urine might pass, and thus avoid its irritating effects upon the wounded surfaces. He also refused to take any medicines.

If my memory serves me right, I prevailed upon him to take wintergreen tea and drink elm water. I now left the case, telling the friends that, as he would submit to no treatment, it was useless to visit him, and I should only come when called.

I heard no more from the case for several weeks, when, on seeing a friend of his and making inquiry, I learned that, within three or four days from my last visit, he began

to pass urine slightly by the urethra, and, after a few more days, he had full control of the urine and passed it entire by the urethra. After about two weeks from the date of the injury he was out doing light work, and, after a few weeks more, went to work on a railroad then being constructed, with shovel and barrow, doing full days' work, at which kind of labor he is still engaged.—*Buffalo Med. and Surg. Journal.*

EXSECTION OF THE HEAD OF THE HUMERUS FOR "CHRONIC RHEUMATIC ARTHRITIS."

By GEO. C. BLACKMAN, M.D., Prof. of Surgery in the Medical College of Ohio, Cincinnati.

I AM indebted to Dr. F. Anderson, one of the resident physicians of the Cincinnati Hospital, for the report of the following case, in which I had occasion to perform exsection of the head of the humerus under circumstances perhaps unique; at least, I have been unable to find the report of a similar case. Mr. Robert Adams, of Dublin, in his most excellent treatise "On Rheumatic Gout, or Chronic Rheumatic Arthritis," &c., London, 1857, acknowledges the difficulty of proposing any unobjectionable name for the disease under consideration, the remarkable character of which is that it seldom goes on to suppuration, "as other inflammatory and subinflammatory affections of the different articular textures do." At page 161 Mr. A. refers to certain instances in which the head of the humerus, under the influence of the changes induced by it in the structures of the shoulder-joint, suffers displacement directly downward on the axillary margin of the scapula, as in our own case. Instead of the normal globular form of the head of the humerus, we found it flattened and its axis changed, with the other morbid appearances so well described by Mr. Adams.

Patrick Hays, an Irishman, aged fifty years, was admitted into the surgical ward of the Cincinnati Hospital, March 31, 1870. Fifteen years ago, he lost the index-finger, and all the terminal phalanges of the left hand, from the effects of frost. Two years subsequently, he sustained a compound fracture of the right arm, necessitating amputation at the lower third. He had never contracted a venereal disease. Four months previous to admission the anterior portion of the thorax was thickly covered with an eczematous eruption, and a large tumor presented itself in the left mammary region, from which came a free purulent discharge.

On admission there was very limited use

of the left arm; the head of the humerus could be thrown easily from the cavity by passive motion, giving a crackling sensation; a chain of enlarged lymphatic glands was traced down the axillary region. The tumor was the size of a blacksmith's fist. The spontaneous opening was enlarged, and a large amount of purulent matter evacuated. The eruption gradually yielded to the administration of liq. potass. arsenit., and the general condition of the patient was much improved by large doses of syrup of iodide of iron and manganese.

On the 24th day of May, an incision was made from a point over the left acromion, extending downward three and one half inches; and when the capsular ligament was penetrated a yellowish thin fluid escaped, and a fistulous tract connecting the cavity of the joint with the pectoral abscess was disclosed. Through this incision the dislocated head of the humerus was turned out, and two inches of porous, softened bone removed with the saw. A solution of five grains of carbollic acid and one ounce of water was injected down the fistula, and a compress adjusted. Quinine and whiskey, with a nourishing diet, were ordered. By the 14th of June the tumor had disappeared, and the discharge of the purulent matter from the lower opening was slight. Early in September, the incision over the joint was completely closed, and he was transferred to the infirmary in excellent health.—*American Practitioner.*

Reports of Medical Societies.

BOSTON SOCIETY OF MEDICAL SCIENCES. J. ORNE GREEN, M.D., SECRETARY.

JANUARY 3d, 1871.—The Society met at the house of Dr. Jeffries, Dr. White in the chair.

Dr. Wigglesworth read a paper on the histological development of epithelial carcinoma, according to the views of Koester, of Würzburg. [The paper was published in full in this JOURNAL, Jan. 19, 1871.]

In reply to a question by Dr. Ellis, Dr. Wigglesworth said that these investigations as to the origin of cancer had been carried out with a like result in cancer of the deeper, internal organs.

Dr. Ellis said that in the cases of canceroid which he had examined, he had *always* found the characteristic balls, consisting of cells closely packed together; but in the

deeper organs, with generalized cancer, such cells were not usually found, he thought.

Dr. Fitz stated that he had found these onion-like balls in uterine cancer which had become generalized. He also said that, in epithelial cancer of the skin, an opening or lumen not infrequently exists, but whether this is a lymph-vessel or a blood-vessel he was unable to say: in the cases in which he had observed it, however, the sections had been made, not as Dr. Wigglesworth described, but parallel with the long axis of the papillæ.

Dr. Warren said that it seemed to him that Koester, in his investigations, had not paid sufficient attention to the part played by the rete-mucosum, which, in epithelial cancer, is often found to be much thickened, those portions of it lying between the papillæ growing inwards into the other tissues. Auspitz, he said, from recent investigations, is led to consider that the rete-mucosum is developed before the papillæ, and has, so to speak, an independent existence: in regard to epithelial cancer, he (Auspitz) advances the theory that it is an ingrowth of the rete-mucosum into the tissues beneath. Billroth also speaks of the active part played by the rete-mucosum in this process, and considers that the tubular masses of cells or cell threads grow in the plasmatic spaces of the connective tissue.

Dr. Warren also said that in examining an ulcer of the face, evidently epithelial, he had observed what appeared to be capillary lymphatics crowded with epithelial cells; there was, however, no cavity or lumen to be distinguished in these cases.

Dr. Webber then read a paper on the "Relation between lesion of the nervous system and muscular atrophy," giving the histories and minute dissections of numerous cases from authors, from which he concludes that these cases point to the vicinity of the tractus intermedio-lateralis as that portion of the cord by the lesion of which fatty or granulo-fatty degeneration of the muscular fibres is induced. The paper will be published in full.

Dr. Blake called attention to the occasional existence of larvæ in the ear, and showed one which he had recently removed; it belonged to the genus *Lucilia*, and was taken from the middle ear of a child. In two cases seen by him, where larvæ were extracted alive, the membrana tympani had been destroyed by a recent inflammatory process in the middle ear, and there was profuse and offensive discharge, which, a short time before the removal of the larvæ, had been observed to be streaked with

blood. The chief interest lies in determining the manner in which the larvæ effect their entrance into the ear and maintain their position despite vigorous efforts at their dislodgment by means of syringing. An examination into the habits of the fly affords the desired information. In the first of the cases, five well-developed larvæ, apparently those of a fly belonging to the family Sarcophaga, were taken from the middle ear and inner end of the meatus; in the second case, but one larva (the specimen exhibited) was found. The Sarcophaga and Lucilia belong respectively to the classes of viviparous and oviparous muscidæ. In sarcophaga the eggs are hatched in large numbers within the body of the mother, and the larvæ when born are ready to begin the first stage of their active existence and seek food for themselves. The body is made up of a series of wings, terminating in a long, tapering head, armed with a pair of hard and sharp mandibles projecting forwards and downwards, with a slight curve backwards. At the birth of the larva, it may be seen protruding for about half its length from the abdomen of the fly, and moving its head in search of something to which it may attach itself; should a piece of meat or other such object be presented, the mandibles are driven into it and the larva withdraws itself from the body of the mother, and is immediately followed by another and another till several have been delivered. It moves upon any soft substance by attaching the mandibles and then drawing the body forwards, and repeating this procedure is able to progress with considerable rapidity.

The larvæ of Lucilia are distinguishable from those of Sarcophaga by the truncated posterior extremity which exhibits, moreover, but two spiracles in contrast to the three pair of allied larvæ. The head, like that in sarcophaga, is pointed, and has a pair of mandibles. The eggs are hatched generally within a day, under favorable circumstances of warmth and moisture within a few hours after being laid; after breaking from the egg, the larva attaches itself in the manner already described and effects its delivery from the egg. An examination of the mandibles in both cases shows them to be very formidable in proportion to the size of the body; and this, as well as their shape and direction, explains the tenacity with which the larvæ cling to the surface to which they have attached themselves, and would account for the blood appearing in the discharges of the ear shortly before their presence was discovered. Placed

upon a piece of meat, the larvæ soon burrow beneath the surface; but as air is necessary to their existence, as well as warmth and moisture, the posterior extremity, with the spiracles, is generally exposed. In the same way they would seem to creep into the deeper parts of the ear, and may usually be found with the head directed inwards.

Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 9, 1871.

THE UNITY OR THE DUALITY OF THE VENEREAL POISON.

So much interest has been felt in the recent investigation of this subject, that no apology is needed for giving still farther remarks made by Mr. Morgan before the Surgical Society of Ireland on the 20th of January. The views expressed by Mr. M. at a former meeting of the Society were given in the JOURNAL of December 1, 1870.

Mr. Morgan said there was one point which he considered of much importance, particularly with reference to the extension of the Contagious Diseases Act and the necessity for examinations—and that was, the persistence of the contagious and specific property of the vaginal discharge. He would illustrate this by a remarkable case. A woman was admitted into hospital suffering from the usual symptoms of constitutional syphilis. She was under his care for two months, and at the end of that time he made an inoculation from the vaginal discharge and produced one of those soft sores of which he exhibited drawings; whether it would have produced a hard sore in the virgin subject was one of the questions at which they had yet to arrive. This woman got so well that she was placed in the laundry of the institution. She was there three months and at the end of that time again came under his care, when he found she had some patches in the mouth. In order to ascertain whether the vaginal secretion was capable of producing inoculation he inoculated with it, and found, although it was five months since she first came under his care, that it was capable of producing a soft sore. His theory was that the soft sores which were so frequently seen in men were caused by the vaginal discharge of women constitutionally infected by true syphilis. Within the last few months a case of infec-

tion from a child had come under his observation. A healthy woman, wife of a rope-maker, and who had produced a healthy child, was selected as nurse for the child of a gentleman. She was a fine woman, and weighed thirteen stone six pounds when she went to nurse the child on the 30th of August. On the 16th of September, the child died syphilitic, and in a week afterwards sores appeared on the woman's breast. This child had mucous patches on its mouth and genitals; but the appearance on the woman's breast (well represented by the drawing he exhibited), was as like a soft sore as they could see. Thus they had the same primary appearances in a virgin soil, as in those cases in which he had inoculated the infected subject with the vaginal discharge, which he thought a secondary product. It was stated on the previous evening by Dr. McDowel, his colleague, that a mucous tubercle was not inoculable. He might remind him, however, of the case of a little child, two years old, who had infected its grandmother, sixty-eight years old, from mucous patches on the lip where he, Mr. Morgan, had successfully inoculated it on the side from a mucous patch at the anus.

Mr. Morgan said Prof. Bæck in his work, it so happened, gave five cases in which the pustules were produced by inoculation from mucous tubercles. *Three of these were in men*, and in them the inoculation was from an anal mucous tubercle, which was a full refutation of Dr. McDowel's idea. Now, if they found the mucous tubercle and the vaginal discharge produced the same thing, it would solve the question as to the vaginal discharge or gonorrhœa in a tainted system being a derivative from true syphilis. He had procured gonorrhœal discharge from men in hospital, and also from women free from taint and inoculated with it, but never could produce any result. Therefore, it appeared that from the vaginal discharge of a person constitutionally tainted he could produce the characteristic pustule and soft sore, but from the vaginal discharge of a woman not tainted he could produce no result. The pustules were not only produced but were capable of being reproduced to an indefinite extent. The question of auto-inoculability was next to be considered. If the secretion be of the same nature as that of a hard sore they might suppose that it would not be capable of inoculation on the patient's self. The contrary was the case. For instance, a girl came under his care having a soft sore and suppurating bubos. She ran down to the extreme of

cachexia, but finally recovered. From this girl's vaginal discharge, suffering from almost every constitutional symptom of syphilis, he was able to inoculate not only herself, but others, the sores produced by the inoculation being soft sores. He found, therefore, that this discharge was capable not only of producing the pustules and so-called soft sores on the patient's self, but that these were capable of an interminable reproduction. He wanted further to test the power of this discharge and see whether it resembled the syphilitic sore in being not inoculable on animals. He inoculated young, old, and pregnant rabbits in every part of the body, but he never could produce any palpable result. On the inside of the thigh of one of the rabbits there was some little irritation, but this was of no importance. The young of the rabbits did not exhibit any symptom, and it was evident that the supposed transmissibility of the soft sore virus was not in this instance successful with these animals. The next point of interest to consider was that of syphilization. He was not to be considered as an avowed advocate of this treatment, but he desired to inquire into its efficacy, as from the results it seemed a more important method than had been at first supposed, and should not be hastily rejected. Some remarkable experiments on the subject had been made lately in America. Mr. Bumstead, who had formerly upheld the dual theory, was, he thought, much shaken in his opinion with regard to it; and as to syphilization he states, "From what I have personally witnessed and from the accounts of others, I believe it is a very effective method for the treatment of syphilis." When a man of such authority expressed so strong an opinion he, Mr. Morgan, thought the matter was worthy of calm and careful consideration. The principal point, however, which he (Mr. Morgan) wanted to refer to just now was, as regards the inoculability of the two kinds of sores. Originally, Mr. Bumstead believed in the dual theory—that the soft sore would only localize itself and produce local effects, and that the hard sore would not be inoculable on a person already tainted with syphilis. Bæck originally performed his experiments with soft sores, but now came out a very extraordinary fact, which was, that in Christiania they had no difficulty in producing inoculation from hard sores and in producing pus. M. Bæck had kindly forwarded him a specimen of the pus thus produced, which he now exhibited to the Society. Two remarkable cases are given in Hays's *American Journal*

for Aug., 1870, by Mr. Bumstead—in one of these, as now shown in the diagrams (which were exhibited), all the inoculations were made from soft sores, and yet under the treatment of using the virus of a disease held by the dualists to be distinct, the symptoms got well and immunity was attained. In the other case the inoculations were practised from three sources—viz., 1. From pustules produced by soft sore virus on a tainted subject. 2. From avowedly hard sores in infected cases. 3. From soft sores themselves. After a certain time—Mr. Morgan showed by referring to the diagrams before the Society—immunity from any of the sources was attained, and any of the poisons used for the purpose of inoculation produced pustules and characteristic sores. Thus they found the remarkable fact which Bæck had described, that as soon as a patient was non-inoculable from one kind of sore he became non-inoculable from the other; and when he had immunity from the one he had immunity from the other. Bæck at the Venereal Commission says, "If there were two different poisons, and you had syphilized a person with one form of those poisons and then you took the matter from the other poison you could go on with a series of inoculations as from the first time, but that you cannot do. This, I believe, is a proof and the best proof that I can adduce." Another case given by Mr. Bumstead was that of Mary S., a very intemperate person employed as a nurse in a hospital. She was saturated with the syphilitic poison, and he found it usually impossible to produce the slightest effect on her with any virus in his possession. The virus from both hard and soft sores was repeatedly tried, but she could not, without great difficulty, be inoculated with either. With regard to the non-sequence of secondaries after soft sores what were the facts? A number of men get soft sores and do not suffer, and every one admitted that when a man had a hard sore with induration, constitutional signs were more likely to follow. The question then was, were they two poisons, or was there some modifying influence at work? He (Mr. Morgan) had inoculated a series of cases in the Lock Hospital, all young girls on an average under eighteen years of age, and all of whom stated that they were not previously diseased, and which he quite believed was true. He auto-inoculated these from their own sores, soft sores about the vulva, and they were eventually, sooner or later, covered with secondaries.

THE ANNUAL COMMENCEMENT OF THE MEDICAL DEPARTMENT OF HARVARD UNIVERSITY took place yesterday at 11 o'clock. The President and Faculty, with Members of the Corporation and Board of Overseers and invited guests, met, as usual, in the Museum, and proceeded thence to the lecture room, where the Commencement exercises were held. Prayer was offered by the Chaplain of the University, Rev. Dr. Peabody. Eight gentlemen of the graduating class then read portions of their theses, as follows:—

I. Auscultation and Percussion, Thomas Thatcher Graves. II. Dysmenorrhœa, Thos. William Musgrove. III. Amputation at the Knee-joint, Edward Stickney Wood. IV. Rational Treatment of Disease, John Cotton. V. Neuralgia, Horatio Bridge. VI. Lead: its Physiological, Therapeutical and Toxicological Action, John Singleton Copley Greene, Jr. VII. Icterus, John Winthrop Spooner. VIII. Stricture of the Rectum, Albert Novatus Blodgett.

The degree of Doctor in Medicine was conferred on 45 applicants and that of Doctor in Dental Medicine on 6. The annual address before the graduating class was delivered by Rev. Edward Everett Hale, of Boston, and was listened to with great attention by the audience.

Mr. Hale's subject was the privileges and responsibilities of the liberal professions. He spoke of the distinctions from which the names "liberal" and "profession" have grown, and illustrated specially three of these distinctions. First of these is the willingness to teach all that one knows, without attempting secret or exclusive possession of art or method; and here he carried his statement so far as to bear some on the principle of our laws of patent and copyright. The second distinction of which he spoke is the rendering of service without expectation of reward measured by the importance of the service. The third is the pledge, spoken or implied, which every man in a "liberal profession" gives to carry farther study or research for the enlargement of the realm of knowledge and the improvement of the condition of mankind.

The list of graduates, with the titles of the theses presented by them, is as follows:

Ames, Azel, Jr., Boston,	Herpes Zoster.
Austin, William, Boston.	Bright's Disease.
Bartlett, George Smith, Bristol, N. H.	Carcinoma.

Belt, Charles Bradford, *Boston*, Variola.
 Berry, Horace, *Portsmouth, N. H.*, The Opium Habit.
 Blodgett, Albert Novatus, *Boston*, Stricture of the Rectum.
 Boutelle, James Thacher, *Cambridge*, Trephining for Epilepsy.
 Bridge, Horatio, *Augusta, Me.*, Neuralgia.
 Brooks, Charles Grosvenor, *Clinton*, Tracheotomy.
 Chadwick, James Read, *Boston*, Tracheotomy.
 Cotton, John, *Pomfret, Ct.*, Rational Treatment of Disease.
 Davison, Archibald Thompson, *Boston*, Tuberculosis.
 Dixon, Lewis Seaver, *Dedham*, The Ophthalmoscope as an Aid in Medical Diagnosis.
 Giddings, Worcester Parker, *Waltham*, Nature and Art in Disease.
 Gordon, John Alexander, *P. E. I.*, Embolia.
 Graves, Thomas Thatcher, *W. Newton*, Auscultation and Percussion.
 Green, John Singleton Copley, Jr., *Boston*, Lead: its Physiological, Therapeutical and Toxicological Action.
 Hardy, Benjamin Jones, *Marion*, Nephritis.
 Heron, William, *Boston*, Constipation.
 Holt, Charles Abbie, *Andover*, Obesity.
 Jones, William Pelby, *Boston*, Shock.
 MacDonald, Patrick Alexander, *Artigonish, N. S.*, How Medicine should be Studied and Practised.
 Mackenzie Thomas, *Halfax, N. S.*, The Placenta.
 MacDonald, Wm. Alexander, *Summerside, P. E. I.*, Postpartum Hemorrhage.
 McIntosh, Daniel, *Pictou, N. S.*, Pathology of Inflammation.
 McIntosh, Daniel, *Pictou, N. S.*, Development of the Human Body.
 McKennon, John Cameron, *Nova Scotia*, Opium.
 Murray, Luther Corbett, *Colchester, N. S.*, Diphtheria.
 Masgrove, Thomas William, *Apoahqui, N. B.*, Dysmenorrhœa.
 Oliver, Joseph Pearson, *Brookline*, Treatment of Asthma.
 Patterson, Edward Mortimer, *Pictou, N. S.*, Repair.
 Robertson, Alexander, *Nova Scotia*, Typhoid Fever.
 Senton, Benjamin Clarence, *Port Henry, N. Y.*, Constipation.
 Smith, Henry Emmons, *Saugertown, Penn.*, Asthma.
 Spaulding, Edward Reynolds, *Framingham*, General Paralysis.
 Spooner, John Winthrop, *Boston*, Icterus.
 Sprague, Rufus William, *Charlestown*, Hysteria.
 Still, James Thomas, *Medford, N. Y.*, Hay Asthma and Hay Fever.
 Sutherland, Murdo, *Nova Scotia*, Pneumonia.
 Thayer, Frederick Lyman, *Newton*, Influenza in Horses.
 Tinkham, Granville Wilson, *N. Bridgewater*, Chloral Hydrate.
 Werner, Julius Dominick, *Boston*, Treatment of Acute Articular Rheumatism.
 Winsey, Whitfield, *Baltimore, Md.*, General Bloodletting.
 Wood, Edward Stickney, *Cambridge*, Amputation at the Knee-joint.

Members of the Graduating Class in Dental Medicine.

Bailey, Charles Monroe, *Machias, Me.*, Inflammation.
 Baker, George Hayward, *Worcester*, Carbolic Acid.
 Hussey, Charles Edwin, *Dover, N. H.*, Ethers.

Jewell, Albert Benton, *Exeter, N. H.*, Alveolar Abscess.
 Laakey, Benjamin Philip, *Marblehead*, Preservation of Carious Teeth.
 Morgan, William Pitt, *Albion, N. Y.*, Epithelioma.

GLOBE PESSARY IN THE UTERUS DURING LABOR. By C. E. WRIGHT, M.D., Indianapolis, Ind.—January 18, 1871, I was called at 1 o'clock, P.M., to attend Mrs. C., aged 35, in labor with her second child. The liquor amnii had passed away at 12 o'clock, the preceding night. No pains occurred until 7 o'clock, A.M., on the 18th. From this time until I arrived, pains had recurred about every fifteen minutes.

Patient told me she had introduced a glass pessary into the vagina about two weeks previous and that she was unable to find it.

Upon making an examination I found the dilated os with a diameter of about two and a half inches; head, first presentation, but movable, and had not begun to descend; but no pessary could, upon the most careful examination, be felt. There was a small polypus about one inch in length, attached by a short pedicle to the anterior portion of cervix uteri.

Labor went on in its usual course, and the woman was delivered of a fine, healthy boy, at 4 o'clock. After waiting about a quarter of an hour, I introduced my hand to bring away the placenta—a traction of the cord producing no effect—and found a hard round body enclosed by the membrane. This I brought away, and found it to be a glass globe pessary one and a half inches in diameter, with a small opening, and half filled with a stinking, brown-colored fluid. The pessary was lying directly upon the placenta within the uterus. Placenta came away soon after the pessary was removed.—*Indiana Journal of Medicine.*

DEATH FROM CHLOROFORM.—The following case, sent us by a correspondent in Michigan, has some features not readily explicable. A Mrs. Boardman made an engagement with a dentist to have eleven teeth extracted at noon.

Chloroform was insisted on by the lady, and Dr. M. Porter was obtained to superintend the administration of it. She passed under the influence of the chloroform easily and quickly—the teeth were extracted, and she recovered easily and naturally from the effects of the inhalation.

After remaining in the dentist's office

about an hour, she went home in a hack, chatty and cheerful. Immediately upon entering her house she began to complain of difficulty of breathing, from which she could not, by any means, be relieved. Dr. Porter was in attendance, assisted, in counsel, by Drs. Pratt, Mottram and Hitchcock.

The unfortunate result was not attributable, in the opinion of the medical council, to any avoidable cause.

She had twice previously taken chloroform for the same purpose with happy results.

One peculiarity noticed by Dr. Mottram was that the blood coagulated almost immediately, and the hæmorrhage ceased.

It was fully one hour and a half after the administration before the difficulty commenced, and she was not seen by Dr. Porter until three hours after.—*Med. and Surgical Reporter.*

A book has lately been published in Paris by M. Dusart, on the physiological and therapeutical properties of phosphate of lime. The author maintains, after numerous experiments in the animal kingdom, that this salt is the natural exciting agent in the functions of nutrition; that it induces the albuminoid matter to assume the cellular shape; and that it controls the formation of tissues. In short, according to M. Dusart, phosphate of lime is eminently an agent of nutrition. This view holds good, also, in respect of the vegetable kingdom; and the author asserts that the salt in question is concentrated in the leaf bud, but is almost absent from the fully developed leaf, so as to become concentrated in the seed preparing for the ultimate development of the embryo. M. Dusart points out that the phosphate of lime is always conjoined with nitrogenous matter in plants; and that the relative proportion of the salt and the nitrogen is always identical, wherever they are met with. In animals the same phenomenon takes place; and when they are made to feed upon the phosphate, they absorb more food, and increase rapidly in weight, owing to the transformation of the albuminoid matter contained in the food into muscular fibre.—*National Med. Jour.*

THE SIGNIFICANCE OF CRANIAL CHARACTERS IN MAN.—Professor John Cleland has communicated to the Royal Society a paper in which he gives an account of some careful investigations into the cranial measurements of various races, and criticizes the

various methods of craniotomy in use—pointing out what facts of growth and relations of parts the observed measurements really indicate. He observes that if the terms dolichocephalic and brachycephalic are to retain any scientific value as applied to skulls, the “cephalic index” (that is, the breadth in terms of the length which is called one hundred) must not be depended on. Other points of importance, as pointed out by Retzius, must be attended to. According to Dr. Cleland, the relation of the height to length of a skull is of great importance. There is no foundation whatever for the supposition, which is a wide spread one, that the lower races of humanity have the forehead less developed than the more civilized nations; neither is it the case that the forehead slopes more backwards on the floor of the anterior part of the brain-case in them that it does in others.—*Quarterly Journal of Science*

HEREDITARY GENIUS.—In his late work on “Hereditary Genius,” Mr. Francis Galton thus describes his purpose:

“What I profess to prove is this: that if two children are taken, of whom one has a parent exceptionally gifted in a high degree—say as one in four thousand or as one in a million—and the other has not, the former child has enormously a greater chance of turning out to be gifted in a high degree than the other. Also, I argue that, as a new race can be obtained in animals and plants, and can be raised to so great a degree of purity that it will maintain itself, with moderate care, in preventing the more faulty members of the flock from breeding, so a race of gifted men might be obtained under exactly similar conditions.”

EYE SALVE IN “GRANULAR LIDS,” AND CASES OF CHRONIC OPHTHALMIA.—Dr. John Williams (*Dublin Quarterly Journal*), after long experience, speaks most confidently of the following ointment:—*R. Arsenicæ sulphureti, gr. ij.; unguenti citrini, 3ij.; axungie preparat., 3vj. M. Bene.*

The upper eyelids should be everted in cases of “granular lids,” and about the size of a hemp-seed of this ointment should be applied with a camel’s-hair pencil, which must be introduced into the superior palpebral sinus, to the diseased conjunctiva. In suggesting this local remedy he is not unmindful of general treatment.—*Medical Record.*

Medical Miscellany.

We are glad to learn that our old teacher, Dr. Politzer, for some years instructor in otology in the University of Vienna, has recently been made Professor in the same department. Prof. Politzer is well known not only to those who have had the advantage of his personal instruction, but to the medical profession generally, by his valuable contributions to the literature of otology. We have made arrangements with our friend, Dr. von Millingen, first assistant to Prof. Politzer, for occasional articles in this branch of medical science.

THE chair of clinical medicine, held for so many years in the Vienna University by Prof. Skoda, will be filled by Prof. Niemeyer, of Tubingen.

THE death is recorded of a young man on the morning of his intended marriage, from an overdose of prussic acid. The deceased was in easy circumstances, and there was no assignable reason for the commission of suicide; but he had suffered from a cough, and was in the habit of taking prussic acid and ammonia in seltzer water. The jury found that death was caused by an overdose of prussic acid, taken by deceased for medicinal purposes, and arose from misadventure. Prussic acid, we may add, was found by Prof. E. Rogers in the stomach. We presume no medical man would recommend a patient to take prussic acid in seltzer water in necessarily uncertain doses. His death must, therefore, have been the result of that little knowledge which is so dangerous, or must be chargeable to the advice of some ignorant and unqualified person. But the question remains—How came the prussic acid in the young man's possession? What has recent legislation on the subject of the sale of poisons done to protect the public from their own ignorance or criminal designs?—*London Med. Times and Gazette*.

ARCHAEOLOGICAL EXTRACTS.—Just now, more than ever, extracts of meat have assumed a position of the highest importance. If they have not determined the fate of armies in this war, they have certainly helped to save the lives of many thousands. It is therefore interesting to learn, from a recent article by Dr. Pott in the *Zeitschrift für die Gesammten Naturwissenschaften*, that extracts of flesh and fish have been prepared in Java and Sumatra for several centuries. The raw material, after being boiled and comminuted, is placed in a press, the expressed juice being exposed to a moderate heat till it assumes the consistency of syrup. The extracts so prepared all possess an intensely saline taste, arising from the accumulation of organic salts caused by their great concentration. Upon analysis, they were found to contain mere traces of gelatine, and to give no indication of albumen. One sample contained 20.9 water, 16.4 ash. The dry extract contained 9.54 nitrogen.—*British Medical Journal*.

SIR WILLIAM LAWRENCE AND CHLOROFORM.—The *London Lancet* tells us that, at a meeting of the Edinburgh Royal Society, Prof. Christison made some remarks on the discovery of chloroform, which illustrate how nearly Sir. J. Y. Simp-

son was anticipated in his introduction of this anesthetic into practice. In the summer of 1847, a few months only before Simpson's discovery was announced, Lawrence had repeatedly used in practice an anesthetic which came recommended to him under the name of chloric ether; and while he and his assistant were busily contriving how to concentrate their chloric ether, not recognizing the fact that it consisted merely of chloroform dissolved in rectified spirit, Simpson's discovery came forth and put a stop to their inquiries.—*Phil. Medical Times*.

TO CORRESPONDENTS.—Communications accepted.—Cicatrices of the Membrana Tympani.—The Climate of the United States and its Effects on Habits of Life and Moral Qualities.—A Case of Double Conception, bearing on the question of Superfetation.

PAMPHLETS RECEIVED.—The Health and Wealth of the City of Wheeling; also General Remarks on the Natural Resources of West Virginia. By James E. Reeves, M.D., City Health Officer, and Author of a Practical Treatise on Enteric or Typhoid Fever. Second Edition, enlarged and Illustrated. Pp. 158. Price 60 cents.—Fourth Annual Report of the Trustees and Officers of the Minnesota Hospital for the Insane, for the Year ending Nov. 30th, 1870. Pp. 47.—Report of the New York Hospital and Bloomingdale Asylum, for the Year 1870. Pp. 24.

MARRIED.—In Amesbury, Feb. 16, Dr. Geo. W. Bell, of Farmingdale, L. I., to Miss Marie Woodbury, of A.

DIED.—In this city, 3d inst., of paralysis, Dr. Joseph Palmer, M.M.S.S., 74.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending March 4, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	118	Consumption 49
Charlestown	7	Pneumonia 35
Worcester	7	Croup 7
Lowell	12	Erysipelas 6
Milford	2	Scarlet fever 5
Cambridge	13	
Salem	11	
Lawrence	15	
Springfield	9	
Lynn	10	
Gloucester	6	
Fitchburg	4	
Taunton	4	
Newburyport	3	
Fall River	3	
Haverhill	2	
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GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 4th, 118. Males, 63; females, 55. Accident, 5; apoplexy, 2; bronchitis, 4; congestion of the brain, 1; inflammation of the brain, 1; disease of the brain, 6; carbuncle, 1; cancer, 1; cholera infantum, 1; cholera morbus, 1; consumption, 26; convulsions, 6; croup, 3; cyanosis, 1; debility, 3; diarrhoea, 1; dropsy, 1; dropsy of the brain, 7; erysipelas, 1; scarlet fever, 1; typhoid fever, 1; disease of the heart, 3; hæmorrhage, 1; infantile, 2; disease of the kidneys, 6; disease of the liver, 1; congestion of the lungs, 3; inflammation of the lungs, 12; marasmus, 4; measles, 1; old age, 1; paralysis, 1; premature birth, 1; puerperal disease, 1; unknown, 7. Under 5 years of age, 45—between 5 and 20 years, 11—between 20 and 40 years, 23—between 40 and 60 years, 23—above 60 years, 15. Born in the United States, 84—Ireland, 25—other places, 9.